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STATE OF DELAWARE
**BOARD OF MENTAL HEALTH AND CHEMICAL
DEPENDENCY PROFESSIONALS**

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ASSOCIATE ART THERAPIST PLANNED DIRECT SUPERVISION

INSTRUCTIONS – Upload this document when you submit your application

The proposed clinical supervisor completes this **PLANNED DIRECT SUPERVISION** form to document hours that he or she will be directly supervising an **Licensed Associate Art Therapist (LAAT)**. According to the LAAT regulations:

- *Direct supervision* is overseeing the LAAT's application of clinical appraisal and treatment activities during individual, couples, family, or group sessions which provide opportunities for clinical treatment through art therapy. *Individual supervision* is one-to-one, face-to-face, meetings between the supervisor and LAAT. *Group supervision* is face-to-face meetings between supervisor, LAAT, and up to six supervisees.
- The applicant must complete a total of **at least 1,600 hours of post-Masters art therapy experience** while under the **direct supervision** of one or more **approved clinical supervisors**.
 - At least 1,500 of the 1,600 hours must be actual face-to-face direct art therapy services. Of the 1,500 hours, at least 750 hours must be individual face-to-face client sessions and must include providing direct art therapy services. The additional 750 hours may be individual, group, couple or family sessions or some combination of those services.
 - At least 100 of the 1,600 hours must be face-to-face professional direct supervision with the applicant's supervisor. All of the 100 hours of direct supervision under all approved clinical supervisors must be face-to-face one-on-one – that is, the applicant and applicant's supervisor. Individual supervision may fulfill the entire 100-hour requirement. No more than 40 of the 100 hours may be in a group setting – that is, the applicant, the supervisor, and up to six LAAT supervisees.
- **The LAAT must complete all required hours, whether or not directly supervised, in a period of not less than two but no more than four years.**

Applicant Name: _____
Last First Middle

INFORMATION ABOUT CLINICAL SUPERVISOR

1. Supervisor Name: _____
Last First Middle
2. Are you a DE-licensed professional? Yes ☐ No ☐ If yes, enter your License Number: _____ and **SKIP to Question 4. If no, continue to Question 3.**
3. Enter the following information about your professional licensure:

✓	LICENSES OR CERTIFICATIONS HELD (check all that apply)	JURISDICTION	LICENSE OR CERTIFICATION#	ISSUE DATE	EXPIRATION DATE
<input type="checkbox"/>	Professional Art Therapist				
<input type="checkbox"/>	Registered and Board Certified Art Therapist				
<input type="checkbox"/>	Art Therapy Supervisor Certification				
<input type="checkbox"/>	Clinical Social Worker				
<input type="checkbox"/>	Professional Counselor of Mental Health				
<input type="checkbox"/>	Marriage and Family Therapist				
<input type="checkbox"/>	Clinical Psychologist				
<input type="checkbox"/>	Physician				
<input type="checkbox"/>	Advanced Practice Registered Nurse				
<input type="checkbox"/>	Other: _____				

4. I certify that:

<input type="checkbox"/>	I have at least two years of post-licensure experience in good standing. Submit an official verification of your license from that jurisdiction.
<input type="checkbox"/>	I have read and understand the requirements for licensure in Delaware.
<input type="checkbox"/>	I have read and understand the statutes, rules and regulations of the Delaware Board of Professional Counselors of Mental Health and Chemical Dependency Professionals, 24 Del. C. §3001-3054 .

5. Supervisor's Practice Name (if applicable): _____

6. Practice Address: _____

_____ City _____ State _____ Zip _____

7. Phone: _____ Email: _____

DIRECT SUPERVISION HOURS

8. Enter the dates of planned post-Master's clinical experience that the applicant will provide under your direct supervision: From _____ To _____
Month/Year Month/Year

This period must not span more than four years.

9. During the period entered above, how many total hours of face-to-face professional direct supervision will you provide to the applicant? _____ Of this total, enter the breakout:

Individual supervision hours: _____ Group supervision hours: _____

10. During this period, how many hours of individual face-to-face direct client contact will the applicant provide under your direct supervision? _____ (**At least 750 of the 1,500 hours of direct art therapy experience must be individual face-to-face client sessions.**)

11. During this period, how many hours of group, couple, or family face-to-face direct client contact will the applicant provide under your direct supervision? _____ (**Must not exceed 750 hours**)

12. Describe the clinical activities in which the applicant will participate. (Examples include clinical assessments, crisis interventions, and individual/group sessions.) _____

13. I attest that I have discussed the following with the applicant before completing this form. Answer each question. **If you answer 'NO' or 'N/A' to any question, enclose a written statement explaining why.**

I have explained to the applicant that I have the training, credentials, and competence to provide supervision in Delaware.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
I have discussed my role and responsibilities with the applicant. These include:	
• Evaluating the applicant's clinical competence and preparedness to practice independently	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
• Ensuring that the applicant practices within the field's professional and ethical standards	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
• Ensuring that the applicant is aware of the rules and regulations for practicing independently in Delaware	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
I have discussed a contingency plan for dealing with emergencies and crises.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
I have explained my model and style of supervision to the applicant.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
I have reviewed the supervisory feedback process, including performance appraisal, evaluation feedback, documentation, and feedback intervals.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
I have explained how I will assess the applicant's comprehension of ethical, legal, and professional requirements.	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>

I certify that I have personally completed this information and that the information provided herein is accurate and complete to the best of my knowledge.

Clinical Supervisor Signature: _____ **Date:** _____

Upload this document when you submit your application